



Office of the State Fire Marshal
Div. of Personnel Standards and Education
1035 Stevenson Dr.
Springfield, Ill 62703-4259

COURSE COMPLETION ROSTER

****This Roster MUST BE FULLY COMPLETED****

Successful completion of a course is determined by following the Illinois Administrative Code, Section 140, Part 140.16.

NAME OF TRAINING FACILITY OR SCHOOL:	
LOCATION OF CLASS:	PROGRAM HOURS:
CLASS INSTRUCTOR:	DATE STARTED:
COURSE TITLE/AND OR #:	DATE ENDED:

STUDENT NAME AND D.L. #:	Fire Dept. OR Fire Prot. Dist.:	HOURS ABSENT:

My signature on this document certifies that the end-of course examinations have not been compromised prior to the exam date and that they were administered under the rigid controls as required by the Division of Personnel Standards and Education, Office of the State Fire Marshal.

Fire Chief or School Coordinator